

Utah State Hospital On-Line Manual

Pharmacy

Chapter: Pharmacy Services

Section 1: Pharmacy Services

POLICY

The Utah State Hospital provides an organized pharmaceutical service to meet the needs of the patients. The service is conducted in accordance with accepted ethical and professional standards of practice, and meets all legal requirements.

PROCEDURE 1. Scope of Service

1. Scope of Service1.1 USH Pharmacy provides services for all patients...
 - 1.1 Utah State Hospital Pharmacy provides services for all patients at Utah State Hospital. Services include, but are not limited to the following:
 - Drug distribution (interpreting, clarifying, and processing medication orders)
 - Providing drug-information service
 - Participating in Quality Improvement programs
 - Participating in hospital committees, both regular and *ad hoc*
 - Participating in all JCAHO-mandated activities.
 - 1.2 Utah State Hospital Pharmacy Services dispenses medications prescribed by Utah State Hospital authorized prescribers for Utah State Hospital patients. Medications are not dispensed for other facilities, hospital employees, or outpatients.
 - 1.3 Pharmacy dispenses medications from a centralized location in the Medical Services Building. There are no satellite pharmacies.
 - 1.4 USH Pharmacy functions as a resource for providing drug information to other health-care providers in the hospital. Pharmacists work and counsel with the nursing staff regarding the care of medication areas throughout the hospital in compliance with standards.
 - 1.5 Pharmacists serve on hospital committees (e.g. Pharmacy & Therapeutics Committee, Infection Control Committee), and participate in all JCAHO-mandated activities.
2. The scope of pharmaceutical services is reviewed annually, and revised according to changing hospital needs and standards. Policies and procedures are established by the Director of Pharmacy Services, in combined effort with medical staff and nursing.
- ¹3. Pharmacy staff includes one FTE Director of Pharmacy Services, at least 1.5 FTE staff pharmacists, and at least one FTE secretary. Secretaries function under the direction of a pharmacist, and they perform only functions for which they have been trained. All pharmacists are graduates of colleges of pharmacy

accredited by the American Council on Pharmaceutical Education, licensed by the Utah State Department of Business Regulations to practice pharmacy in the State of Utah, and to dispense controlled substances listed in schedules 2, 2N, 3, 3N, 4, and 5. Copies of pharmacists' licenses to practice pharmacy and licenses to dispense controlled substances are readily accessible, and are renewed periodically as required by law.⁴ The only non-pharmacist in the department is ...

4. The only non-pharmacist in the department is one FTE secretary who does general secretarial work, reads medication orders (after the orders have been reviewed by a pharmacist), enters data into computer files, generates medication labels and appropriate reports, and tabulates returned prescriptions for making appropriate credits. The secretary has been trained by the department director, and his/her work is constantly reviewed by a pharmacist.⁵ The Pharmacy department is licensed as...

²5. The Pharmacy department is licensed as a pharmacy by the Utah Department of Business Regulations to perform any and all pharmaceutical functions including regulating and dispensing controlled substances listed in schedules 2, 2N, 3, 3N, 4, and 5. All pharmacists are licensed as detailed in procedure 3. 6. When the pharmacy is closed...

6. When the pharmacy is closed (e.g. evenings and weekends), nurses should obtain medications from ward emergency stock or the Hope-Unit central emergency cabinet located in the Hyde building. If the medications are not available from these sources, nurses should contact the switchboard to call one of the pharmacists. If after a reasonable period of time a pharmacist cannot be reached, or in the event of a clinical emergency, it is permissible to call the pharmacy at Utah Valley Regional Medical Center at 371-7051 to request the medication. When obtaining medication from Utah Valley RMC, the following procedure is used:⁶6.1 The person requesting the medication must identify...

6.1 The person requesting the medication must identify himself or herself to the UVRMC pharmacist on the telephone and request the needed medication.6.2 A copy of the medication order must be taken...

6.2 A copy of the medication order must be taken to UVRMC Pharmacy to verify the order. If the order is for a controlled substance, a copy of the original order must be left with the pharmacist at UVRMC.6.3. The person obtaining the medication from UVRMC must...

6.3. The person obtaining the medication from UVRMC must show appropriate identification (e.g. USH identification name tag), and request a copy of the charge slip for our records.6.4 The person who obtained the medication from UVRMC...

6.4 The person who obtained the medication from UVRMC (e.g. shift supervisor) must notify the USH pharmacy of the transaction on the next day the pharmacy is open (Monday if this occurs on weekend). A copy of the charge slip must be sent to the pharmacy for a purchase-order number to be obtained, and billing correlated with

- UVRMC.7. The pharmacy services department maintains...
7. The pharmacy services department maintains adequate space, equipment, and supplies, to function within the scope of services the present organizational structure allows.7.1 The pharmacy has an area of approximately 2775 square feet...
- 7.1 The pharmacy has an area of approximately 2775 square feet which is appropriate for the storage, preparation, and dispensing of medications. The pharmacy maintains shelving, dispensing areas, refrigerators, desks, and other equipment necessary to perform services adequately. 7.2 The Director of Pharmacy Services...
- 7.2 The Director of Pharmacy Services, with assistance from staff pharmacists and nurses, establishes and maintains medication areas throughout the hospital that are appropriate for preparing and administering medications. The areas meet all criteria appropriate for medication storage, sanitation, temperature, light, moisture, ventilation, segregation, and security. The areas are well lighted and relatively free from interruption.7.3 All medication areas (med rooms) are inspected...
- 7.3 All medication areas (med rooms) are inspected on a monthly basis by a pharmacist using a medication-room inspection check-list, which is contained in the Medication Room Inspection book located in the pharmacy. The checklist contains the current criteria necessary to meet standards. After the inspection, the areas of concern are discussed by the pharmacist and the medication nurse, and both sign the checklist. A copy (pink) is retained on the unit. A copy (yellow) is kept in the pharmacy Quality Improvement files, and may be sent to the Director of Quality Improvement upon request. The original copy (white) is retained by pharmacy and used in follow-up inspections.
- ³7.3.1 Internal medications are stored ...
- 7.3.1 Internal medications are stored separately from injectable and external preparations in all medication areas.
- 7.3.2 Medication areas are maintained ...
- 7.3.2 Medication areas are maintained in a manner to insure that drugs are stored under proper conditions (away from excess light, heat, moisture, or temperature extremes) in all locations, with attention given to those drugs that must be kept frozen or refrigerated, or in any special manner prescribed by the USP/NF and/or manufacturer. All drugs are stored so as to insure full potency and effectiveness.
- 7.3.3 Outdated and unusable drugs found...
- 7.3.3 Outdated and unusable drugs found on the treatment units are removed from the shelves immediately and returned to the pharmacy for replacement. Outdated drugs are stored by the pharmacy in an area designated by the Director of Pharmacy, and are returned to manufacturer for credit if

possible. Unusable medications or non-returnable outdated medications are destroyed in the pharmacy.

7.3.4 Controlled substances are prepared,...

7.3.4 Controlled substances are prepared, dispensed, and administered in a manner consistent with existing federal and state laws and regulations. Copies of applicable laws are on file in the pharmacy. The proper documentation of distribution and administration of controlled-substances is checked by the inspecting pharmacist.

7.3.5 When investigational drugs are used,...

7.3.5 When investigational drugs are used, their proper storage, distribution, and control is checked by the inspecting pharmacist. The proper use of investigational medications and medications in clinical trials is described in section 2.

7.3.6 Emergency drugs and antidotes are stocked...

7.3.6 Emergency drugs and antidotes are stocked on the treatment units in a locked emergency kit. The Pharmacy and Therapeutics Committee, acting with the medical staff is responsible for designating the drugs and quantities to be stocked in the emergency kits. The contents and quantities of the emergency kit are listed on the outside of each kit, and on the inside lid of the kit. A current list of approved emergency kit contents is kept in the pharmacy. The kits are inspected and updated by a pharmacist after each use, and at least monthly during pharmacist inspection of medication areas.

7.3.7 The metric system is used exclusively at USH...

7.3.7 The metric system is used exclusively at USH, and conversion charts (metric-apothecary) are provided by the pharmacy for the medication areas. A copy of the conversion chart is found in the pharmacy. 7.4 Parenterals are prepared in a clean room with...

7.4 Parenterals are prepared in a clean room with use of a laminar-flow hood. The proper use of the laminar-flow hood is detailed in the Pharmacy Services Infection Control Manual. The laminar-flow hood is inspected annually by the electrical shop, and microbiological monitoring is performed by the laboratory as appropriate. Detailed records are kept in the clean room. Procedures are listed in Pharmacy Guidelines.

⁴7.5 The pharmacy library contains current reference...

7.5 The pharmacy library contains current reference books standard to the profession (e.g. AHFS Drug Information, Facts and Comparisons, Remington's Pharmaceutical Sciences, Handbook on Injectable Drugs, Goodman and Gilman's The Pharmacological Basis of Therapeutics, APhA Handbook of Nonprescription Drugs, and others. Current and back issues of professional journals are

also carried (e.g. American Journal of Health-System Pharmacy, Annals of Pharmacotherapy, and many others). Current editions of AHFS Drug Information are kept on all nursing units. Staff members are invited to use the pharmacy library.7.6 The telephone number for the regional poison control center...

- 7.6 The telephone number for the regional poison control center is posted on all pharmacy phones, and all telephones on the nursing units.

8. The scope of services provided...

8. The scope of services provided the Pharmacy Services department is consistent with the medication needs of the patients, as determined by the medical staff.
 - 8.1 Pharmacy Services regularly reviews all drugs, chemicals, and biologicals to insure they meet national standards of quality as listed in current industry-standard publications (e.g. USP/NF), and reports its findings and recommendations to the Pharmacy & Therapeutics Committee for approval.
 - 8.2 Drugs that have been approved for use by the medical staff through the Pharmacy and Therapeutics Committee (with representation from medicine, nursing, and pharmacy) are used in accordance with written hospital protocols (e.g. drug utilization review criteria) and/or within the guidelines recommended in the current edition of AHFS Drug Information. Specifications for procurement of drugs, chemicals, and biologicals are found in Pharmacy Guidelines section titled "Procurement Criteria for Ordering Drugs, Biologicals, and Chemicals." An adequate drug supply is maintained by anticipation of future need based upon past usage.
 - 8.3 The Pharmacy & Therapeutics Committee with assistance from medical staff determines the hospital formulary to be used. Additions to the formulary are made via the requesting physician submitting the USH Formulary Addition Request Form to the committee for review. The request will also be discussed in medical staff meeting, with recommendations sent to the P & T Committee by medical staff. A copy of the formulary (drug list) is readily available.
 - 8.4 Preparation and dispensing procedures are written and found in the pharmacy guidelines.
 - 8.5 Preparation and monitoring of parenterals details are found in pharmacy guidelines.
 - 8.6 Details for manufacturing (in-house) of pharmaceuticals, with proper control procedures are found in pharmacy guidelines.
 - 8.7 Antidotes and other emergency drugs that have been approved by the medical staff are listed on the master drug sheet, ward emergency drug sheet, and on the emergency kit. Copies are maintained on the wards and in the pharmacy guidelines. Poison control telephone numbers are placed on all telephones and in medication areas. The policy of the hospital in the event of a poisoning is to immediately phone the poison control center for advice and recommendations. When appropriate, the local

paramedics may be called, and/or the patient transported to Utah Valley Regional Medical Center. The antidotes routinely stocked in the emergency kits are syrup of ipecac, activated charcoal, and milk of magnesia (as recommended by the University of Utah Poison Control Center).

- 8.8 The director of pharmacy directs the filling and labeling of all drug containers issued to the units and treatment areas from which medications are to be administered.
- 8.9 Records of the transactions of the pharmacy...
 - 8.9.1 The pharmacy distributes stock supplies...
 - 8.9.1 The pharmacy distributes stock supplies to the nursing areas. A medication nurse uses a pharmacy designed ward stock list to order necessary supplies. Details are found in the pharmacy guidelines.
 - 8.9.2 The drug list is developed by...
 - 8.9.2 The drug list is developed by the pharmacy and presented to the Pharmacy and Therapeutics Committee and the medical staff for approval. The list is updated when new drugs are added or deleted by the Pharmacy and Therapeutics Committee.
 - 8.9.3 The medical staff has chosen the "Open Formulary"...
 - 8.9.3 The medical staff has chosen the "Open Formulary" which allows trial of new drug entities. The formulary of the Utah State Hospital consists of the drug list and the American Hospital Formulary Service. The AHFS provides information regarding the items on the drug list.
 - 8.9.4 The open formulary makes it possible to...
 - 8.9.4 The open formulary makes it possible to obtain unlisted drugs. The policy for procurement is found in the pharmacy guidelines.
 - 8.9.5 The two books of the formulary...
 - 8.9.5 The two books of the formulary and published changes are distributed to each medication area.
 - 8.9.6 If non-legend medications are approved...
 - 8.9.6 If non-legend medications are approved for routine use, they are included in the formulary.
 - 8.9.7 Pharmacists participate in nursing orientation...
 - 8.9.7 Pharmacists participate in nursing orientation,

pharmacy computer in-services, drug information presentations to professional staff, and on the Pharmacy and Therapeutics Committee. In-services are held as requested.

8.9.8 Pharmacists review the utilization of drugs...

8.9.8 Pharmacists review the utilization of drugs kept in the emergency drug cupboards and kits. The findings along with recommendations are presented to the Pharmacy and Therapeutics Committee for review. The documentation of pharmacy findings is found on the monthly inspection sheets, and the Pharmacy and Therapeutic Committee decisions are recorded in the minutes of meetings. Pharmacy also conducts antibiotic usage studies monthly and reports to the Infection Control committee. Other specific drug usage studies are conducted by the Utilization and Review department, in conjunction with the pharmacy and the Pharmacy and Therapeutics Committee.

8.9.9 A pharmacist serves as manager of...

8.9.9 A pharmacist serves as manager of the Pharmacy and Therapeutics Committee and participates in all meetings. The decisions of the Pharmacy and Therapeutics Committee are communicated to the involved disciplines by their P&T committee representatives, and implemented by the appropriate personnel involved.

8.9.10 The pharmacy serves as a provider of...

⁵8.9.10 The pharmacy serves as a provider of drug information and provides research and information upon request. The information is provided by means of telephone calls, memos, and printed articles.

8.9.11 Reviews of specific pharmacy policies are performed...

8.9.11 Reviews of specific pharmacy policies are performed as needed during the year, and all policies are discussed annually with pharmacy staff members.

8.9.12 Patient medication usage and other confidential...

8.9.12 Patient medication usage and other confidential information are discussed only with professionals who have the right to the information. All containers that bear a patient name are stored in a special receptacle until they are destroyed, thus protecting confidentiality rights.

8.9.13 A pharmacist reviews all new medication...

8.9.13 A pharmacist reviews all new medication orders that

come to the pharmacy for dispensing (e.g., appropriateness of medication, dosage form, and dosage; potential for side effects, and drug-drug interactions).

- 8.9.14 The pharmacy keeps a record of all medications dispensed...
- 8.9.14 The pharmacy keeps a record of all medications dispensed from the pharmacy to patients. However, the pharmacy does not keep a complete profile (e.g. monthly medication review) for every patient unless the sheet containing the monthly medication review has been sent to the pharmacy as an order for medication or medications listed on that sheet.
- 8.9.15 The information that is part of the patient's profile is...
- 8.9.15 The information that is part of the patient's profile is available to the nurses and physicians with appropriate computer access rights.
- 8.9.15 The information that is part of the patient's profile...
- 8.9.15 The information that is part of the patient's profile is by a pharmacist, the prescriber is notified and the problem is resolved.
- 8.9.17 The nursing staff reviews verbal and/or written instructions...
- 8.9.17 The nursing staff reviews verbal and/or written instructions on medications that have unique or different characteristics.
- 8.9.18 The pharmacy director or his designee teaches...
- 8.9.18 The pharmacy director or his designee teaches orientation to the nurses on a regular basis (as new nurses become staff members). Teaching of the nursing staff is often done on a one-on-one basis. Pharmacists teach a variety of subjects such as general drug information, incompatibilities, dosage calculations, side effects, etc.
- 8.9.19 Nurses are taught to recognize signs of deterioration of drugs...
- 8.9.19 Nurses are taught to recognize signs of deterioration of drugs. They are instructed regarding precipitates, changes of colors, potential mixing problems, and general storage concerns, e.g. heat, light, and freezing.
- 8.9.20 The pharmacy is the drug information center for the hospital.
- 8.9.20 The pharmacy is the drug information center for the hospital.9. Only a licensed pharmacist prepares and dispenses drugs.

9. Only a licensed pharmacist prepares and dispenses drugs. Details of the intra-hospital drug distribution system are included in the pharmacy guidelines.
 - 9.1 A Pharmacist reviews all medication requests...
 - 9.1.1 A Pharmacist reviews all medication requests prior to dispensing. When medications are used from any of the three emergency areas (kits, ward emergency cupboard, or Hope emergency cabinet), they are documented on an emergency medication billing form, and are reviewed by a pharmacist on the following working day.
 - 9.1.2 Ward stock is limited by the decisions of the Pharmacy and...
 - 9.2 Ward stock is limited by the decisions of the Pharmacy and Therapeutics Committee. Orders for ward stock are made on the Utah State Hospital ward stock order form. Ward stock is dispensed by the pharmacy, and appropriate records are kept by the pharmacy of the usage of each unit or department.
 - 9.2.1 Medications will usually be dispensed in 30-day supplies...
 - 9.3 Medications will usually be dispensed in 30-day supplies, but amounts may differ at the discretion of pharmacy staff. Most medications are dispensed from bulk bottles in pharmacy; some medications will be dispensed in modified unit-dose packaging (unit-dose cards placed in zip-lock plastic baggies).
 - 9.4 All prescriptions are prepared and dispensed according to...
 - 9.4.1 All prescriptions are prepared and dispensed according to acceptable standards and ethics of the pharmacy profession. The medications are kept clean and dispensed in sanitary containers with appropriate labeling, which includes cautionary labels as needed. Expiration dates are included when appropriate.
 - 9.4.2 Medications are sent to the pharmacy when...
 - 9.5 Medications are sent to the pharmacy when they become out-dated. Those prescriptions with excessively soiled labels or bottles are destroyed. Pharmacy re-labels or disposes returns as appropriate.
 - 9.6 Only a pharmacist makes labeling changes or transfers medications to different containers. There is no mixing and/or consolidation of medications except by a pharmacist.
 - 9.7 Only pharmacists have access to the pharmacy...
 - 9.8 Only pharmacists have access to the pharmacy. No other persons are authorized to remove drugs from the pharmacy.
 - 9.9 The procedure for recalled drugs is...
 - 9.9.1 The procedure for recalled drugs is found in the pharmacy guidelines.
 - 9.9.2 Pharmacy reports drug problems through ...
 - 9.9.3 Pharmacy reports drug problems through the ASHP-USP-FDA drug product problem reporting program. See the pharmacy guidelines.
 - 9.9.4 Discharge medications and those sent for...
 - 9.10 Discharge medications and those sent for home visits, court visits, etc. are dispensed in child-proof containers and bear the following information: Prescription number, prescribing physician, drug name, drug strength, quantity dispensed, patient directions,

patient's name, date dispensed, name of the hospital, address of the hospital, DEA number of hospital, and any cautionary or information labels appropriate.9.11 The distribution of samples of medications to...

9.11 The distribution of samples of medications to the administration areas within the hospital is not permitted. All samples are controlled through the pharmacy. See the pharmacy guidelines.10. The policies and procedures that...

10. The policies and procedures that apply to safe administration of drugs are found in the Medical, Pharmacy, and Nursing Guideline Manuals.10.1 Drugs are administered only upon an order...

10.1 Drugs are administered only upon an order of an authorized prescriber, and verbal orders are accepted only by personnel that have been designated in the medical staff rules and regulations. Verbal orders are signed by the prescriber within a 72-hour time period.10.2 All medications are prescribed by...

10.2 All medications are prescribed by appropriately licensed personnel in accordance with existing laws and with approved medical staff rules and regulations. See pharmacy guidelines for authorized prescribers.10.3 Only registered nurse practitioners, registered nurses, and...

10.3 Only registered nurse practitioners, registered nurses, and licensed practical nurses are authorized to administer medications at Utah State Hospital.10.4 Drugs to be administered are verified with...

10.4 Drugs to be administered are verified with the prescribers' orders, and are prepared appropriately for administration. The patient is identified prior to administration of the drug, and each dose is recorded in the patients' medication administration record. Controlled substances administered are also recorded on special forms as detailed in pharmacy guidelines and nursing manual.10.5 Telephone orders are permitted only by...

10.5 Telephone orders are permitted only by authorized prescribers, and then only in emergency situations. An emergency situation with regards to telephone orders is defined as a situation in which "the prescriber is on hospital grounds, but the patient's chart is not readily available to the prescriber, or a situation in which the prescriber is off hospital grounds, such as evenings or weekends." Only registered nurses are authorized to accept telephone orders for prescriptions. The nurses shall write the verbal orders in the patients' charts immediately. The authorized prescriber signs the charted telephone orders on the next working day or within 72 hours. The written and signed orders are included in the patient's record.10.6 A list of hospital-approved abbreviations and ...

10.6 A list of hospital-approved abbreviations and chemical symbols is posted in the medication areas of the Utah State Hospital, and

authorized staff use only these standard abbreviations when prescribing.10.7 There are automatic stop orders on...

10.7 There are automatic stop orders on specified medications. The Pharmacy and Therapeutics Committee determines which medications shall have automatic stop orders, and the time period for such stop orders.10.8 Patients and/or responsible parties are instructed...

10.8 Patients and/or responsible parties are instructed on the medications that are to be taken home. The instructions relate to dosages, need for compliance, warnings and precautions, special storage, and any other appropriate information. When patients are transferred to mental health centers, prison, nursing homes, etc., a medication letter is sent with details.10.9 The nursing staff documents all medications...

10.9 The nursing staff documents all medications administered, medication errors, and suspected adverse drug reactions. Pharmacy documents known pharmacy errors and suspected adverse drug reactions. Errors will be regularly reviewed by the Pharmacy & Therapeutics Committee.10.10 Pharmacists report drug problems and...

10.10 Pharmacists report drug problems and unexpected adverse reactions to Division of Epidemiology and Drug Experience (HFD-210) Food and Drug Administration, 5600 Fishers Lane, Rockville, Maryland 20857. If the problem is urgent, the pharmacist phones (800) 638-6725. A copy of the letter goes to the drug company involved.10.11 Laboratory procedures and visual methods are...

⁷10.11 Laboratory procedures and visual methods are employed in detecting drug side effects and/or toxic reactions. 10.12 The director of nursing services provides...

10.12 The director of nursing services provides a list of persons authorized by law and by Utah State Hospital to administer medications. This list is updated as necessary.10.13 Drugs that are brought into the hospital by patients are...

10.13 Drugs that are brought into the hospital by patients are returned to the responsible party when possible. When there is no responsible party, the drugs are sent to the pharmacy for destruction. The drugs brought in by patients are of questionable integrity and sometimes inappropriate. However, when the pharmacy is closed and needed medications are not available in hospital emergency supplies, drugs brought into the hospital by a patient may be used only on a temporary basis, if they can be positively identified (preferably by more than one individual), and only if approved by the responsible physician.10.14 Utah State Hospital allows the self-administration of...

10.14 Utah State Hospital allows the self-administration of selected medications. When self-administration is appropriate, it is

approved by the physician and is supervised by a registered nurse or a licensed practical nurse.10.15 Pharmacy with the assistance of the executive secretary, maintains...

10.15 Pharmacy with the assistance of the executive secretary, maintains a list of authorized prescribers and dispenses only those prescriptions written and/or authorized by a physician on this list. When a patient visits a physician whose name is not on the list, the unit physician shall authorize the medication(s) prescriber. The list of authorized prescribers shall be updated by the Hospital Clinical Director as changes occur, and sent to the pharmacy for distribution. The authorized prescriber list includes the state license number with expiration date and DEA number with expiration date.11. Pharmacy Services, as part of the overall hospital quality improvement...

11. Pharmacy Services, as part of the overall hospital quality improvement program, monitors, identifies, evaluates, and resolves problems that relate to the quality and appropriateness of patient care. Pharmacy participation is detailed in the pharmacy quality improvement book.11.1 The pharmacy director has responsibility for...

11.1 The pharmacy director has responsibility for planning quality improvement activities for the department. Input from all pharmacy department personnel is welcome. All department members participate in the program.11.2 The focus of the quality improvement program for Pharmacy...

11.2 The focus of the quality improvement program for Pharmacy Services will be consistent with the USH strategic plan and needs of the pharmacy department. The APIE (assessment, plan, implement, and evaluate) format will be used. Results and outcomes of the program will be reported to the Quality Improvement office at the currently-scheduled intervals (e.g. quarterly).11.3 Results of pharmacy quality improvement activities will...

11.3 Results of pharmacy quality improvement activities will also be reported to other disciplines or departments (e.g. nursing or medicine) if the results are pertinent to them or their performance.11.4 Periodic assessment of the pharmacy...

11.4 Periodic assessment of the pharmacy quality improvement plan is performed by the pharmacy director, with assistance from the quality improvement staff. The assessments are done at least annually.

vv

CAP/sl

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03-24-88
04-05-89
10-23-90
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¹Procedure 4 reflects an update or clarification of current pharmacy secretary duties.

CRB

²The following policy number 6 was instituted because pharmacists are no longer officially on call on holiday weekends. This policy allows us to have emergency coverage in case a pharmacist cannot be reached.

CRB

³The following subsections of section 7.3 have been put as subsections because they refer to the medication rooms of 7.3, rather than the pharmacy as a whole.

CRB

⁴Section 7.5 is more specific than the former section 7.15 in regards to reference books.

CBR

⁵(The previous term *drug information center* has a different connotation; the pharmacy is not a drug information center per se)

⁶(Section 9.3 has been entirely rewritten).

⁷(the comment about lithium, etc. was deleted) CRB 09-26-95